FORM PROCESSING ACTION REQUEST									1	1. DATE OF REQUEST (YYYYMMDD)			
(Read Instructions on back and in DoD 7750.07-M before completing								)	1	0120306			
					THRU (DoD Component FMO Organization and complete mailing address)  N/A					4. TO (Organization and complete mailing address) Forms Management Officer ATTN: Base Adjutant BOX 63002 MCBH Kaneohe Bay, HI 96863-3002			
5. FORM DESIGNATION AND NUMBER (Leave blank if a new form)					6. EDITION DATE (Enter only if cancelling a form)  7. FORM TITLE MCB Hawaii MCC			ICCS Se	S Self Storage and Vehicle Agreement				
8. ACTION TYPE (Select one) 9. FORM TYPE (Select one)  New Prescribed				elect one) 10. SUBJECT GROUP (Leave blank if a new form)									
New		Presc	поеа										
12. FORM DISPOS				<del></del>		13. PF				SIGN CONSIDERA	TIONS  To, PRINTING SPECIF	CATIONS	
a. FORM NUMBER (Enter "N/A" if none) b. EDITION DA					ATE c. DISPOSITION				- 1	3.5x11			
N/A			N/A		Print and Fill d. CLASSIFIED e			ONTROLLED FORM	1.10				
									1	UNTROLLED FORM			
					No No AVAILABILITY (Select or				No lect one)				
					Physical Product - Stocked and i					and issued by ODD			
14. PURPOSE AND			<u></u>				airi	oduci - i	Stocked	and issued by OTK			
										NAMES AND ASSOCIATION OF THE PARTY OF THE PA			
15. INTERNAL CO					ra ratatad ta	(3) COORDINATOR							
			ppropriate documentation.)		NAME	<u> </u>		OFFICE SYMBOL	TELEPHONE NO	INITIALS			
a. PRIVACY ACT	(Yes/No) Yes	NM05000		orainator en	naii address nere.)	Ms. Aı	mv M	adsen	************	MP&A	808-257-8866	ASSY. STREET,	
b. POSTAL	No	INIVIOSOUC	J~ 1			1710.71				Wil CA	808-237-8800	256	
c. DATA ELEMENTS	No												
d. RECORDS MGMT	Yes	Destroy w	hen 2 years old		Ms. Amy Madsen			MP&A	808-257-8866	AMY. Inchident			
e. OTHER	No	Desirey	men 2 years on						Will Coll	000 257 0000			
f. REPORTS											33		
RCS	No												
OMB	No												
16. EXTERNAL CO	ORDINAT	TION AND	CONCURRE	NCE (No	t required for SD, I	DoD Con	npone	nt, or Cor	nmand fo	rms. Attach continuation	on page if necessary.)		
a. DOD	b. COORD	INATOR						- 110	1	U ADDRESS			
COMPONENT	NAME			OF	OFFICE SYMBOL		TELEPHONE NO. (Include area code/DSN) EMA		EMAIL A	AIL ADDRESS			
						ļ							
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												+	
	CERTIF									VING OFFICIAL, A ed as indicated.	ND FMO		
17. DOD COMPON	ENT OPR	AND/OR	ACTION OFF	ICER	**************************************				******			***************************************	
				b	TELEPHONE NUM		c. SI	GNATUR	₹E			***************************************	
a. TYPED NAME AND TITLE Mr. Paul Watson					(Include area code/DSN)								
					808-254-7684	<del></del>		<u>n</u>	<u>""                                   </u>	WU			
18. DOD COMPON	THE PERSON NAMED IN	19. DOD COMPONEN				COMMAND FORM D NAME, TITLE, AND		)FFICER					
a. DATE SIGNED b. TYPED NAME, TITLE, AND SIGNATUR (YYYYMMDD)					N.C.		a. DATE SIGNED (YYYYMMDD)		D. ITPE	D NAME, TITLE, AND	SIGNATURE		
20. APPROVING F	ORMS MA	NAGEME	ENT OFFICER	2									
a. TYPED NAME								c. SIGN					
Ms. Amy Madsen					2012030	7	MADSEN.AMY.  Digitally signed by MADSEN.AMY.SUE.1076109230  Disc. eU.S., ovil. So., Government, Debt., Gover						